



## TAXICARD APPLICATION FORM

If you think you may be eligible, complete the following sections of the application form and sign the declaration below.

### Information about the Applicant

Surname:	<input type="text"/>	Title:	<input type="text"/>
First names:	<input type="text"/>		
Permanent address:	<input type="text"/>		
Postcode:	<input type="text"/>		
Telephone:	<input type="text"/>	Date of Birth:	<input type="text"/>
Email:	<input type="text"/>		
GP name:	<input type="text"/>		
Surgery address:	<input type="text"/>		

### Consent

I consent to Travel Concessions, the City of Edinburgh Council contacting my GP in respect of this application:

.....  
*(your name)*

## Eligibility Criteria

Do you use a wheelchair when you go out? (tick appropriate box)

Yes

No

Please tick only **one** of the boxes below and give a brief explanation:

I cannot use ordinary buses at all

I can use buses, but only with assistance

I can use buses unaided, but with difficulty

I can use buses generally

**Please give a brief explanation:**

## Photograph

I have included a passport style photograph of the Applicant

## Payment

I have made payment of £20.00:

- Cheque or postal order made payable to the City of Edinburgh Council
- Via the website xxxxx

## Declaration

Please read the declaration below, then sign and date the form below:

“I declare that the information I have given is correct, to the best of my knowledge, and I agree to the Taxicard Conditions of Use”

Signature \_\_\_\_\_

Date \_\_\_\_\_